



HEALTH PROFILE: INDONESIA

HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	120,000
Total Population (2004)	222.6 million
Adult HIV Prevalence (end 2003)	0.1%
HIV-I Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking treatment for sexually transmitted infections, or others with known risk factors)	0.2%–14%
Population least at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	0%

Sources: UNAIDS, U.S. Census Bureau, Indonesia National Family Planning Coordinating Board

The HIV/AIDS epidemic in Indonesia is concentrated primarily among injecting drug users and their sexual partners and commercial sex workers and their clients. In 2004, 43.7% of all reported cases of AIDS had been transmitted through heterosexual intercourse, and 44.1% through injecting drug use.

Until 1998, reported HIV/AIDS case data indicated that HIV seroprevalence was less than 0.1% among all vulnerable populations, including female sex workers. This began to change in 1999, when prevalence between 1% and 6% was reported among female sex workers. A study conducted by Indonesian and U.S. researchers in 2002 found an HIV prevalence of 22% among transgender sex workers, 3.6% among male sex workers, and 2.5% among men who have sex with men in Jakarta.

By December 2004, Indonesian health officials had recorded 2,682 cases of AIDS and an additional 3,368 people known to be HIV positive. According to the United Nations Joint Programme on HIV/AIDS (UNAIDS), the estimated number of people living with HIV/AIDS stood at 120,000. Indonesian officials estimate that by 2010 more than 110,000 people could be living with AIDS, and more than 1 million people might be infected with HIV.

The prevalence of sexually transmitted infections (STIs), some of which increase the risk of HIV transmission, remains very high. A 2002 study in Jakarta found syphilis infection rates of 19.3% among transgender sex workers, 2.0% among male sex workers, and 1.1% among men who have sex with men. A 2003 STI study in Palembang, South Sumatra, found an STI rate of 17% among commercial sex workers.

More than 40 million Indonesians are adolescents. The challenge is to prevent a large-scale HIV/AIDS epidemic in this cohort of young Indonesians. Doing so involves creating appropriate information, education, and communication to reduce injecting drug use and to prevent unwanted pregnancy and the spread of STIs and HIV. The 2002 behavior surveillance survey in Jakarta showed that 34% of high school students (male and female) in Jakarta had ever used drugs, and male high school students were more likely to have injected drugs than to have had sex with more than one person. In 2004 the government estimated that there were more than 150,000 drug injectors nationwide, most of them young men, and as many as 50% of them HIV positive (up from 0.0% HIV positive in 1997). Behavioral data show that around a quarter of these young men buy sex from the

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Commission in 1994 to focus on HIV prevention, address the needs of people living with HIV/AIDS, and direct efforts to stop the epidemic through collaboration by the government, nongovernmental organizations (NGOs), the private sector, and communities. One of the commission's first steps was to enact a "Three Ones" principle, which established one national HIV/AIDS action framework, one national HIV/AIDS coordinating authority, and one monitoring and evaluation system.

The second National AIDS Strategy for the 2003–2007 period reinforces the essential role of prevention as the core of Indonesia's HIV/AIDS program while also recognizing the urgent need to scale up treatment, care, and support services. The strategy stresses the importance of conducting proper surveillance for HIV/AIDS and STIs; carrying out operational research; creating an enabling environment through legislation, advocacy, capacity building, and antidiscrimination efforts; and emphasizing sustainability. The new strategy was designed to give donors a clear policy framework within which to work.

Indonesia is committed to integrating HIV/AIDS prevention efforts into the national family planning program by promoting condom use for dual protection. The Government of Indonesia is providing free antiretroviral drugs for poor people on a case-by-case basis, developing harm-reduction activities for injecting drug users, and devising programs for high-risk populations to reduce HIV transmission.

To stop the epidemic from spreading among adolescents who may potentially become sexually active, Indonesia provides reproductive health information and promotes an awareness of HIV/AIDS through formal and informal education, including peer counseling. The government's plan is designed to promote gender equality and responsible sexual behavior and to prevent unwanted pregnancy and HIV infection.

USAID SUPPORT

The U.S. Agency for International Development (USAID) works with the Government of Indonesia, NGOs, and other partners to carry out a public health program that focuses on: prevention of HIV/AIDS, tuberculosis, and malaria; maternal and neonatal health; reproductive health; child health and nutrition; decentralization of the health sector; and better hygiene to prevent diarrhea. The principal beneficiaries are poor urban families, women, and children.

USAID allocated \$12 million in both 2004 and 2005 to combat HIV/AIDS and other infectious diseases in Indonesia. The goal of U.S. assistance for this purpose is threefold: 1) to mobilize the national government, communities, organizations, and the private sector to provide higher-quality basic human services; 2) to assist Indonesia to more effectively deliver basic human services at the local level; and 3) to foster the adoption of improved practices and behaviors by communities and households.

nation's estimated 250,000 sex workers, providing an effective conduit for HIV to enter into the high-risk heterosexual population.

Several factors in Indonesia could contribute to a sudden, rapid spread of HIV in Indonesia: an extensive sex industry; limited clinical and laboratory services to detect and treat STIs; a highly mobile population; rapidly expanding injecting drug use; and managing the aftermath of major economic and natural crises.

NATIONAL RESPONSE

Indonesia established a National AIDS

HIV prevention among high-risk groups is the centerpiece of USAID's HIV/AIDS program, with the goal of preventing a generalized HIV/AIDS epidemic. USAID and its grantees are working to reduce high-risk behavior, expand HIV/AIDS diagnosis and treatment capacity, develop the number of sites where Indonesians may seek HIV counseling and testing, and make the surveillance systems stronger. The USAID strategy is consistent with the priorities of the Indonesian government and is designed to complement the activities of other donors. The strategy for tackling HIV/AIDS in the 2002–2007 period involves an expanded response in 10 geographic areas where the HIV/AIDS epidemic appears to be expanding into the general population, including Metropolitan Jakarta, East Java, Central Java, West Java, North Sulawesi, Papua, Riau, North Sumatra, South Sumatra, and the Maluku Islands.

Successful HIV-prevention activities have resulted in significant achievements in better HIV knowledge, condom use, and health-seeking behavior, as well as fewer STIs. By the end of 2004, USAID assistance had benefited more than 57,000 female sex workers and 1,203,000 of their prospective clients, more than 25,000 men who have sex with men, and 6,500 injecting drug users. State-of-the-art national behavioral surveillance capacity has been transferred to the Central Bureau of Statistics and the Ministry of Health. Training for staff and equipment to perform quality diagnostic services and treatment had been provided to 23 HIV counseling and testing sites and 29 clinics in nine provinces where people seek testing and treatment for STIs. Because HIV-tuberculosis coinfection is a major concern, case detection rates for tuberculosis increased in Central Java from 13% in 2001 to 29% in 2003 and to about 40% in 2004. In East Java, the case detection rate increased from 10% in 2001 to about 38% in 2004.

Much of USAID's work to combat HIV/AIDS in Indonesia is managed by Family Health International through the Aksi Stop AIDS program. This program is designed to promote safe sexual behavior and prevent HIV infection among injecting drug users, to strengthen care and treatment services for HIV and STIs, to support the development of behavioral and biological surveillance systems, to strengthen the capacity of local governments and NGOs, and to encourage the active participation of private companies in HIV prevention.

Surveillance

Indonesia needs better surveillance systems to monitor and control the spread of new HIV infections. To that end, USAID is working with Indonesia's national and provincial governments by:

- Sponsoring training in data analysis and interpretation for staff who conduct surveillance activities at both the national and provincial level
- Working with health officials to develop effective policies and guidelines under which surveillance activities are carried out
- Integrating data on STIs with other national health data to better understand changes in the epidemic over time
- Providing support to the national estimation process and developing and publishing an annual national HIV report based on the estimation process

Prevention

USAID supports abstinence and fidelity to prevent sexual transmission of HIV. Specific activities for those who engage in risky behavior include:

- Working with faith-based organizations and political leaders to promote messages of abstinence and fidelity
- Working with local NGOs to implement peer outreach and behavior change communication
- Working with Indonesian manufacturers and NGOs to ensure that condoms are available where they are needed, with an expanded focus on the clients of female and male sex workers
- Ensuring that condoms are available in government health facilities for dual protection (i.e., family planning and infection prevention)

Capacity Building

An estimated 200 Indonesian NGOs are involved in HIV/AIDS activities in Indonesia. USAID and its grantees and contractors are helping these organizations do their work in a more efficient and effective manner—in essence, building their capacity by engaging communities and focusing resources, and linking local organizations with each other and with international organizations. USAID works with national, provincial, and district AIDS commissions to clarify and focus their responsibilities and to replicate effective models.

IMPORTANT LINKS AND CONTACTS

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Tel: 62-21-3435-9300

Website: <http://www.usaid.gov/id/>

USAID HIV/AIDS Website, Indonesia:

http://www.usaid.gov/pop_health/aids/Countries/ane/indonesia.html

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For more information, see http://www.usaid.gov/our_work/global_health/aids